

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90122 044 \*\*\*150.00

0674135 FP

**DOCUMENT # S63007**

1. Entity Name  
ST. JOHNS - DFC, INC.



Principal Place of Business  
928 GRIST MILL COURT  
PONTE VEDRA BEACH FL 32082-4154

Mailing Address  
928 GRIST MILL COURT  
PONTE VEDRA BEACH FL 32082-4154

2. Principal Place of Business  
1903 WINDJAMMER LANE

3. Mailing Address  
1903 WINDJAMMER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
ST. AUGUSTINE, FLA.

City & State  
ST. AUGUSTINE, FLA.

4. FEI Number 59-3079477

Applied For  
Not Applicable

Zip 32084-5236 Country USA

Zip 32084-5236 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARIATI DONALD F  
928 GRIST MILL COURT  
PONTE VEDRA BEACH FL 32082-4154

Name DONALD F. CARIATI

Street Address (P.O. Box Number is Not Acceptable)

1903 WINDJAMMER LANE

City ST. AUGUSTINE FL Zip Code 32084-5236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CARIATI, DONALD F  
STREET ADDRESS 928 GRIST MILL COURT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-4154

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME DONALD F. CARIATI  
STREET ADDRESS 1903 WINDJAMMER LANE  
CITY-ST-ZIP ST. AUGUSTINE, FLA 32084-5236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald F. Cariati*

4/8/03

904-808-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)